

POSITION	ID NO.	DATE
CLASSIFIER	21	10/15/43
EXAMINER	437	10-27-93
TYPIST	331	3/13/94
VERIFIER	315	3-4-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Original	Date
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BEST AVAILABLE COPY

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Rejected
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 Appeal
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Claim	Original	Date
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